## Combined Declaration for Patent Application and Power of Attorney

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled \_\_\_\_\_

METH	OD FOR PREVENTING THE FALSIFI	CATION OF ACCESS CARDS	
			the specification of
which			
(check	X is attached hereto.		
one)	was filed on	as Application Serial No.	
	and (if applicable) was amended on:		

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35. United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having filing date before that of the application on which priority is claimed:

Prior Foreign	Application(s)		Priority	Claimed
(Number)	(Country)	(Day Month Year Filed)	YES	NO
(Number)	(Country)	(Day Month Year Filed)	YES	7.0
(Number)	(Country)	(Day Month Year Filed)	YES	<u> </u>
(Number)	(Country)	(Day Month Year Filed)	YES	
(Number)	(Country)	(Day Month Year Filed)	YES	NO.
			VIC	7:0
(Number)	(Country)	(Day Month Year Filed)	YES	7.0

I hereby claim the benefit under Title 35, United States Code, §120 of any United States Application(s) listed below and a insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulation, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

	T	
(Application Serial No.)	(Filing Date)	(Status- patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status- patented mending abandoned)

Residence

Post Office Address

I hereby claim the benefit under Title 35, United Sta	ates Code, § 119(e) of any	United States provisiona	l application(s) listed
below: PROVISIONAL APPLICATION NUMBER		FILING DA	ATE
POWER OF ATTORNEY: As a named inventor, I substitution, association, and revocation, to prosecu Office connected herewith.	hereby appoint the followi te this application and to t	ng attorneys, and/or agen ransact all business in the	its with full power of Patent and Trademark
	23413 ATENT TRADEMARK OFFICE		
I hereby further declare that all statements made her information and belief are believed to be true; and f statements and the like so made are punishable by fi States Code and that such willful false statements m	urther that these statement ine or imprisonment, or bo	s were made with the knooth, under Section 1001 o	wledge that willful false f Title 18 of the United
Full Name of Sole or First Inventor Dr. Norbert Miller	Inventor's Signature	till	Date C. D.
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Full Name of Second Joint Inventor, If Any DiplIng. Elmar Noll	Inventor's Signature	M	10. Dez. 01
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Full Name of Third Joint Inventor, If Any	Inventor's Signature		Date
Residence		Citizenship	
Post Office Address			
Full Name of Fourth Joint Inventor, If Any	Inventor's Signature		Date

Citizenship

Full Name of Fifth Joint Inventor, If Any Inventor's Signature	Date -
Residence	42:0
Post Office Address	Control of the Contro
Full Name of Sixth Joint Inventor, If Any Inventor's Signature	Date
Residence	and the same
Post Office Address	